

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PUBLIC HEALTH SERVICE

**SUBSTANCE ABUSE AND MENTAL HEALTH
SERVICES ADMINISTRATION**

CENTER FOR MENTAL HEALTH SERVICES

Cooperative Agreement for a Technical Assistance
Center for the Evaluation of Adult Mental Health
Systems Change

SHORT TITLE: **TA Center for Evaluation**

**Guidance for Applicants (GFA) No. SM00-002 Programmatic
Guidance**

Catalog of Federal Domestic Assistance (CFDA) No. 93.119

Under the authority of Section 1948(a) of the Public Health Service Act, as amended (42 USC 300x-58), and subject to the availability of funds, the SAMHSA Center for Mental Health Services will accept applications in response to this Guidance for Applicants for the receipt date of April 17,2000.

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Part I - PROGRAMMATIC GUIDANCE

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[Note to Applicants: In order to prepare an application, PART II, "General Policies and Procedures Applicable to all SAMHSA Guidance for Applicants (GFA) Documents" (February 1999 edition), must be used in conjunction with this document, PART I, "Programmatic Guidance."]

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Section I - OVERVIEW

Purpose

The Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for Mental Health Services (CMHS) announces the availability of a cooperative agreement to support a Technical Assistance (TA) Center for the Evaluation of Adult Mental Health Systems Change, hereinafter referred to as the TA Center for Evaluation. The purpose of this program is to provide evaluation technical assistance to State, public and private non-profit entities, to assist them in using the results of KDA program evaluations and to improve the planning, development, and operation of adult mental health services provided under the Community Mental Health Services Block Grant.

The intent of the TA Center is to improve the planning, development, and operation of adult mental health services provided under the Community Mental Health Services Block Grant and other publicly funded programs, including the Mental Health Statistics Improvement Program and the State Reform Grant. The TA Center will accomplish this goal through increasing the capacity of States, communities and other stakeholder organizations to conduct and apply evaluations. The TA Center may achieve this through direct and indirect technical assistance activities, by providing guidance on the evaluation of system implementation strategies and changes at State and local levels, through consensus building within communities about "best practices" based on evaluation results, and by encouraging the dissemination and use of the results of these evaluations. The two primary foci of the Center are: 1) to assist States and stakeholder groups in developing effective community-based mental health systems, using evaluation, and 2) to assist stakeholders in using the results of CMHS evaluations. Funds will be awarded through a cooperative agreement mechanism to allow CMHS staff to coordinate this effort with related TA and information dissemination efforts.

Eligibility

Applications may be submitted by public and domestic private

nonprofit and for-profit entities, units of State or local government, community-based organizations, and State or private universities and colleges.

Availability of Funds

It is estimated that \$600,000 in total costs (direct and indirect) will be available to support one award under this GFA in FY 2000. It is expected that modest increases in funding may be available in subsequent years. Actual funding levels will depend upon the availability of appropriated funds.

Period of Support

Support may be requested for a period of three years. Annual awards are subject to availability of funds and progress achieved.

Section II - PROGRAM DESCRIPTION

Supporting Documentation

This program is a continuation and expansion of a program begun in 1993 that targeted both adult and children's evaluation issues. In 1993, two evaluation TA Centers were funded, one focused on systems for adults with serious mental illness and the other focused on systems for children with serious emotional disturbances. These TA Centers have made significant contributions to the field over the past six years, but challenging problems remain. The activities related to evaluation of children's mental health systems have been incorporated into the National Technical Assistance Center for Children's Mental Health. This GFA focuses only on technical assistance to adult mental health systems in order to provide a more intense focus on the adult population. Changes in the environment in which mental health systems operate (e.g., the advent of managed care, special population issues, improved "best practices," and required performance indicators) necessitate that system modifications and improvements be continuing processes.

For purposes of this GFA, evaluation is defined as the systematic collection and analysis of data needed to make program and policy decisions. One of the primary goals of the Community Mental Health Services Block Grant is to assist States in the provision of comprehensive, community-based systems of care for adults with severe mental illness. Many State and local mental health officials have identified the need to learn more from specific programmatic attempts to move the existing system toward that envisioned by the Block Grant program and to disseminate the lessons learned to others who might be implementing, or planning, similar changes. The increasing involvement of the public mental health system in major health care reforms further underscores this need. The proposed TA Center represents one approach through which CMHS can support the efforts of public and private nonprofit organizations to evaluate specific changes within their service systems, as well as to assist States in using the results of CMHS-funded evaluations. Examples of the wide variety of topics that MAY be addressed in providing technical assistance on evaluation by the TA Center include:

- the impact of behavioral health managed care on organizations where the public mental health authority is/is not the entity responsible for Medicaid funding and changes in financing patterns or mechanisms for public mental health care on organizations;
- the introduction of system modifications aimed at dealing with racial and ethnic diversity in the populations served and issues of cultural competence;
- special population issues such as: serving the elderly through the primary care system; employment of individuals with psychiatric disabilities; populations with HIV/AIDS; rural populations; and individuals who have co-occurring mental and other substance use disorders/disabilities;
- the effects of implementing court-ordered changes in the activities of the public mental health system;
- multi-agency performance indicators
- the implementation of mental health practices, such as supported education, supported employment, ACT programs, and synthesizing and compiling evidence to substantiate the efficacy of these programs;
- the implementation and results of the reorganization of the State hospital systems (including, for example, the closure or downsizing of hospitals);
- the large influx of refugees into a local mental health system;
- issues of homelessness;
- criminal justice/jail diversion issues or the effects of violence in schools;
- issues relating to consumer and consumer run programs and research in mental health practice and systems;
- evaluations and cost studies involving managed care and the increasing cost consciousness of the health care field; and

- the Mental Health Statistics Improvement Program (MHSIP) and the State Reform Grant program.

Goals

The twin goals of the TA Center are to: 1) assist States and other stakeholders in developing comprehensive and effective community-based mental health systems of care for adults with severe mental illness using evaluations as well as to 2) assist them in using the results of CMHS evaluations. Prior CMHS evaluations could include the Community Support Program (CSP) and the Child and Adolescent Service System Program (CASSP). The TA Center could synthesize and summarize useful findings from CMHS and other studies, match State needs with lessons learned from CMHS evaluations, and develop strategies and materials aimed at the target audience.

Project Activities

In order to accomplish the overall goals of the program, the TA Center will be expected to distribute its project resources among each of the following activities:

- Enhancing the capacity of State and local mental health organizations, consumer organizations, CMHS-funded projects, and providers to conduct and use evaluation and performance indicators in their ongoing operations;
- Developing fidelity of implementation measures to evaluate evidence-based practices or services; providing assistance in the formalization and manualization of interventions; and assisting state mental health authorities with reporting on respective mental health block grants;
- Performing scholarly and scientific knowledge synthesis activities in a variety of areas such as the effectiveness of CSP services;
- Providing technical assistance and collaboration in the design and implementation of specific evaluations, as well as on-site direct assistance. Providing technical assistance to programs adopting exemplary practices in order to assist them in evaluating the success or failure of their projects and any subsequent systems change. Providing assistance in an evaluation of the CMHS-funded

Community Action Grant Program;

- Developing toolkits (instructional manuals or guidebooks on an aspect of evaluation) and other materials that enable CMHS, State and local mental health organizations to improve the quality of their evaluations in areas which the Steering Committee and CMHS deem priority;
- Maintaining a repository of evaluation and evidence-based knowledge resources that are widely available and can be disseminated by a variety of means;
- Facilitating the dissemination of CMHS-related evaluation results through publications, Internet listservs, presentations in appropriate forums, and teleconferences;
- Assisting and collaborating with other agencies in conducting evaluations of mental health services for diverse racial, ethnic and cultural populations by engaging in such activities as: collaboration with agencies on cultural competence issues; participation in forums, roundtables, and working groups; improving data collection and dissemination technology; developing toolkits on specific minority populations; performing studies of culturally competent practices; and improving the technology for measuring cultural competence in State and community systems.
- Understanding and using Government Performance and Results Act (GPRA) measures to ensure that the TA Center itself and its assistance to State and local providers meets accountability expectations.

In order to accomplish the overall goals of the program, the TA Center will be expected to distribute its project resources among each of the activities listed above. Resource distribution questions should be addressed to the Project Officer and the Steering Committee. Where competing expectations occur, the TA Center should have a plan for distributing resources and accomplishing competing priorities.

The TA Center will have a Steering Committee which will meet at least twice a year. The Committee will review the progress of the TA Center and its activities and make recommendations regarding strategic directions to the Government Project

Officer and the TA Center. It will also assist in prioritizing activities.

Target Population for Grantee

- State governments, units of State and local governments, and mental health organizations
- Consumer and family groups that address mental health issues
- Other projects funded by CMHS
- For profit organizations, nonprofit organizations, foundations, community-based organizations, and State or private universities, whose activities address mental health issues

Role of Federal Staff in Cooperative Agreements

The Cooperative Agreement mechanism includes substantial post award Federal programmatic participation in the conduct of the project. It is anticipated that the CMHS staff collaborator's participation in this program will be substantial. Such involvement may include negotiation of the relative level of effort devoted to each required activity; consultation on and participation in meetings to plan and guide the activities of the Center including teleconferences as needed; authorship or co-authorship of publications in accordance with professional standards for authorship; and making results of project activities available to various audiences. In addition, the CMHS staff collaborator will work with the TA Center staff to insure that the TA Center's activities are coordinated with other CMHS, SAMHSA, and Federal technical assistance and information dissemination activities.

Role of Grantee in Cooperative Agreements

The grantee is expected to participate and cooperate fully with CMHS staff collaborators in the implementation and evaluation of the project. Activities include: (1) compliance with all aspects of the terms and conditions of the cooperative agreement; and (2) cooperation with CMHS staff collaborators in accepting guidance and responding to requests

for information.

Role of the Steering Committee in Cooperative Agreements

The Steering Committee will be comprised of the CMHS Government Project Officer and one evaluator, consumer representatives, the TA Center Project Director and staff, as well as representatives from mental health research and advocacy organizations. There should be at least nine and no more than 14 individuals on the Steering Committee. The project director of the TA Center will chair the Steering committee. The Steering Committee will have the responsibility of working with the TA Center in developing priority areas, guiding the TA Center in new directions and improving the TA Center's existing work. The Steering Committee will guide the TA Center in topics to be addressed, synthesized, and disseminated; selecting issues for technical assistance; toolkit development; in prioritizing activities and foci; and in maintaining cultural competence, sensitivity and relevance. The Steering Committee is expected to develop consensus agreement on most decisions. All decisions that cannot be made by consensus will be made by majority vote. It is estimated that two meetings each year will be needed, and these meetings should be in the Washington, D.C. area. The chair of the committee can form subcommittees if needed to consider such topics as evaluation methods, evaluation issues for specific populations, data collection, and policies and procedures regarding publications. SAMHSA staff and consumers should participate as full members on subcommittees.

The Steering Committee will also develop policies, consistent with the provisions of 45 CFR 74.36, on data sharing, access to data and materials, and publications. Publications will be written and authorship decided using procedures adopted by the Steering Committee. The quality of publications resulting from the study will be the responsibility of the authors.

Evaluation of TA Center by Outside Evaluator

SAMHSA requires the successful applicant to utilize an outside evaluator to conduct an annual evaluation of the TA Center. The TA Center should include a plan which clearly describes how the evaluation will be conducted and used to modify the ongoing activities of the TA Center. The plan should include at least the following: 1) goals and objectives, 2) compliance

with GPRA expectations and the approach to be used to obtain performance data, 3) staffing, management and budget for the evaluation, and 4) procedures for feedback into the TA Center's operations and to the project officer.

The TA Center should provide at least semiannual feedback to the Federal project officer as well as the Steering Committee on the extent to which it is accomplishing its objectives, including feedback as part of the semiannual progress report, SAMHSA's GPRA requirements, and final reports to SAMHSA's CMHS.

Section III - PROJECT REQUIREMENTS

All applicants should provide a brief (5 lines, 72 characters per line) abstract for the purpose of publications, reporting to Congress, press releases, should the application be funded. This could be the first five lines of the required Project Abstract.

All applicants must provide the information specified below under the proper section heading. The information requested relates to the individual review criteria in Section IV of the GFA.

A. Project Description and Supporting Documentation

Statement of the Issues

- Describe the issues that you will address; be sure the identified issue(s) is relevant to the program goals and target populations; and provide supporting documentation and data relevant to the need for the provision of evaluation expertise.

Target Population

- Provide a description of barriers and difficulties expected in dealing with the target population.
- Describe how diversity and cultural competence will be emphasized in the work to be done.

Purpose and Goals

- Clearly state expected contributions to the field of evaluation, including innovations and/or the expansion of quality service capacity.

B. Project Plan

Design

- Provide a plan for how dissemination of evaluation information will be accomplished.

- Describe how the project will enhance the capacity of State and local mental health organizations to conduct and use evaluations and to provide technical assistance to these organizations as well as assist them in using CMHS-funded projects. In particular, describe system level evaluations currently taking place, especially at the State level, and explain the role the TA Center would have in assisting them or in proposing what needs to be done.
 - Describe how the work will be state of the art with respect to evaluation and in particular the evaluation of systems change.
 - Describe how the project plan is inclusive and appropriately addresses the target population and key stakeholders as well as age, race/ethnic, cultural, language, and gender issues in the proposed activities
 - Provide strategies for involving the mental health community in the initial design, and throughout the work of the TA Center.
 - Describe a plan for prioritization of TA activities if resources are not sufficient to meet all requests for TA. Describe criteria for choosing between competing requests and a method to collect these data.
- C Clearly state how the proposed approaches will meet the needs of a variety of groups in the mental health community as well as CMHS.
- Provide relevant literature reviews and data to support the approaches chosen for this project.
 - Describe how this program will impact agency priorities related to alcohol and/or co-occurring disorders and HIV/AIDS issues.
 - Describe the Steering Committee: its size, frequency of meetings, and its composition, and how it will be ensured that the Steering Committee consists of members that have the qualifications and experience to represent the needs of the diverse racial and

ethnic minority groups, as well as the mental health research and consumer communities.

- Clearly state how the work will reflect accountability and importance of undertaking and utilizing GPRA measures.

Methodology and/or Evaluation

- C Describe an evaluation plan to monitor the performance of the project using the outside evaluator, including performance measures to assess performance of grantee.
- Describe an on-going self-evaluation process that includes continuous feedback from the target population, members of the Steering Committee, Federal staff, and project officer. Identify the information to be collected that will be included in quarterly and yearly reports to the CMHS project officer.
- Describe any technical assistance delivery problems anticipated as well as corresponding problem solving strategies.
- Clearly define the knowledge to be developed and how knowledge will be disseminated and impact assessed.

Analyses and Results

- Address culturally appropriate collection of information, if relevant
- Describe how the research, dissemination, and/or evaluation data will be managed and analyzed to provide reliable and valid findings, include how the target population and key stakeholders will be involved in the interpretation of the data. Describe how the findings will be reported, disseminated and impact assessed.
- Describe how work will comply with Government Performance and Results Act (GPRA) requirements,

C. Project Management: Implementation Plan,
Organization, Staff, Equipment/Facilities, and Other
Support.

Implementation

- C Describe the expected project management/implementation plan. Complete an Implementation Plan Time Line that includes specific activities, target dates for completion, and responsible person.

Organization

- Describe the capability and experience of the applicant organization with similar projects and populations.
- Describe the history of providing national leadership in evaluation and evidence-based practices in the mental health field.
- Describe your skills and experience in bringing together diverse stakeholders and facilitating communication among these individuals in order to complete the project goals.
- Describe the extent of collaboration with other agencies, institutes, for profit foundations doing similar work, non-profits, universities, clinics, or organizations.
- Describe your experience in non mental health fields such as homelessness, substance abuse, and HIV/AIDS.

Staff

- Provide a proposed staffing plan.
- Provide the qualifications and experience of the project director and other key personnel, including proposed consultants and subcontractors in key areas. Applicants should provide evidence of the ability to identify and access qualified personnel in key content areas.

- Show the extent to which the qualifications of staff are reflective of the target population or can demonstrate cultural competence to ensure sensitivity to language, age, gender, race/ethnicity, and other cultural factors related to the target population.
- Show qualifications of staff in evaluation methodology, including statistics and study design, psychometrics, meta-analysis, mental health economics, and qualifications to work with multiple stakeholders to generate evaluation plans.
- Show qualifications of outside evaluators' staff.

Equipment/Facilities

- Describe the adequacy and availability of resources, equipment, and facilities, including computer equipment and video and teleconferencing capability.

Section IV - REVIEW of APPLICATIONS

Guidelines

Applications submitted in response to this GFA will be reviewed for scientific/technical merit in accordance with established PHS/SAMHSA review procedures outlined in the Review Process section of Part II. Applicants must review the Special Considerations/Requirements and Application Procedures sections that follow, as well as the guidance provided in Part II, before completing the application.

The review criteria A-C correspond to subsections A-C in Section III above to assist in the application process. Reviewers will respond to each review criterion on the basis of the information provided in Section III by the applicants. Therefore it is important for applicants to follow carefully the outline, headings, and subheadings when providing the requested information.

Applications will be reviewed and evaluated according to the review criteria that follow. The points noted for each criterion indicate the maximum number of points the reviewers may assign to that criterion if the application is considered to have sufficient merit for scoring. The bulleted statements that follow each review criterion do not have weights. The assigned points will be used to calculate a raw score that will be converted to the official priority score.

Peer reviewers will be instructed to review and evaluate each relevant criterion in relation to cultural competence. Points will be deducted from applications that do not adequately address the cultural aspects of the criteria. (See Appendix D in Part II, for guidelines that will be used to assess cultural competence.)

Review Criteria

A. Project Description and Supporting Documentation (25 Points)

Statement of Issues

- Extent to which issues were addressed and related to target populations and goals.
- Extent to which the need for provision of evaluation expertise to mental health agencies and stakeholders is described.

Target Population

- Extent to which difficulties and barriers in working with the target population are described.
- Extent to which the applicant addresses issues of diversity and cultural competence in the proposed project.

Purposes and Goals

- Extent to which the achievement of goals would advance the field, be assessed as innovative, and/or expand capacity.

B. Project Plan (45 Points)

Design

- Adequacy of the plan that describes how dissemination of evaluation information will be accomplished.
- Extent of the appropriateness of the applicant's proposal to enhance the capacity of State and local mental health organizations to conduct and use evaluations and to provide technical assistance to these organizations as well as assist them in using evaluations of CMHS funded projects.
- Consistency of the proposed project relative to the state of the art with respect to evaluation and in particular the evaluation of systems change.

- Extent to which the project plan appropriately addresses key stakeholders as well as age, race/ethnic, cultural, language, and gender issues in the proposed activities.
- C Adequacy of the applicant's plan in terms of allocating resources among competing technical assistance requests.
- Adequacy of strategies for involving the mental health community in the initial design, and throughout the work of the TA Center.
- C Adequacy of description of how the proposed approaches will meet the needs of a variety of groups in the mental health community as well as CMHS.
- Adequacy of descriptions and justifications for the approaches chosen for this project. Provide relevant literature reviews and data to support the approaches.
- Adequacy of descriptions of how this program will impact agency priorities related to alcohol and/or co-occurring disorders and HIV/AIDS issues.
- Adequacy of description of the Steering Committee: its size, frequency of meetings, and its composition, and how it will be ensured that the Steering Committee consists of members that have the qualifications and experience to represent the needs of the diverse racial and ethnic minority groups, as well as the mental health research and consumer communities.
- Adequacy of descriptions of importance of understanding and using GPRA measures.

Methodology and/or Evaluation

- Appropriateness of the proposed project's post-execution evaluation plan to monitor the performance of the project. Appropriateness of performance measures to assess performance of grantee.
- Appropriateness of an on-going self-evaluation process that includes continuous feedback from the target population, members of the Steering Committee, Federal staff, and Project Officer.
- Appropriateness of description of TA delivery problems

anticipated and problem solving strategies proposed.

- Adequacy of the proposed reporting and dissemination plan of the findings/results of work accomplished. All projects, including development of toolkits, should include knowledge application, knowledge utilization, and dissemination strategies.

Analyses and Results

- Appropriateness of means of addressing culturally appropriate collection of information, if relevant.
- Adequacy of description of how the research, dissemination, and/or evaluation data will be managed and analyzed to provide reliable and valid findings, including how the target population and key stakeholders will be involved in the interpretation of the data. Describe how the findings will be reported, disseminated and impact assessed.
- Extent of understanding of GPRA requirements and measures

c. Project Management: Implementation Plan, Organization, Staff, Equipment/ Facilities, and Other Support (30 Points)

Implementation Plan

- Extent to which the proposed implementation plan is timely, feasible, achievable, and realistic, as well as culturally appropriate.

Organization

- Capability and experience of the applicant organization with similar projects and populations.
- The extent to which the applicant describes a history of providing national leadership in evaluation and evidence-based practices in the mental health field and bringing together the research and mental health communities.
- Extent to which there is collaboration with other agencies, institutes, for profit foundations doing

similar work, non-profits, universities, clinics, or organizations.

- Organization's experience in non-mental health (but related) fields such as substance abuse, HIV/AIDS, criminal justice, primary care, and homelessness.

Staff

- Evidence that the proposed staffing plan is appropriate and adequate.
- Qualifications and experience of the project director and other key personnel, including proposed consultants and subcontractors in key areas. Evidence of the ability to identify and access qualified personnel in key content areas.
- Extent to which the qualifications of staff are reflective of the target population or can demonstrate cultural competence to ensure sensitivity to language, age, gender, race/ethnicity, and other cultural factors related to the target population.
- Extent to which staff have expertise in evaluation methodology, including statistics and study design, psychometrics, meta-analysis, mental health economics, and reviews of scientific literature, and extent to which staff work with multiple stakeholders to generate evaluation plans.
- Describe the qualifications of outside evaluator's staff.

Equipment/Facilities

- Adequacy and availability of resources, equipment, and facilities.

The following program related activities will be required of the grantee: semiannual reports to Federal staff, regular telephone or e-mail communications with Federal staff, semiannual progress review meetings following Steering Committee meetings, and availability to present to the CMHS

National Advisory Council or to any multi site Steering Committee, as needed.

Section V SPECIAL CONSIDERATIONS/REQUIREMENTS

SAMHSA's policies and special considerations/requirements related to this program include:

- o SAMHSA's Inclusion Policy
- o Government Performance Monitoring
- o Healthy People 2000:Healthy People 2000 Goals related to this project are: 6, Mental Health and Mental Disorders.
- o Consumer Bill of Rights
- o Promoting Nonuse of Tobacco
- o Supplantation of Existing Funds
- o Letter of Intent
- o Coordination with Other Federal/Non-Federal Programs
- o Confidentiality/SAMHSA Participant Protection. The SAMHSA Center for Mental Health Services Director has determined that projects funded under this program must meet SAMHSA Participant Protection requirements.

Specific guidance and requirements for the application related to these policies and special considerations/requirements can be found in Part II in the section by the same name.

Section VI. - APPLICATION PROCEDURES

Applicants must use application form PHS 6025-1 (Rev. 12/96). The grant application kits, including form PHS 6025-1, complete application procedures, and accompanying guidance materials for the narrative (i.e., this GFA) may be obtained from the **Knowledge Exchange Network (KEN)**, phone number: 800-789-2647. The address for **KEN** is provided in Part II.

Applicants must submit: (1) an original copy of the application signed by the authorized official of the applicant organization, with the appropriate appendices; and (2) two additional, legible copies of the application and all appendices to the following address:

Mr. Ray Lucero
SAMHSA Referral Officer
Division of Extramural Activities, Policy, and Review
Substance Abuse Mental Health Services Administration
Parklawn Building Room 17-89
5600 Fishers Lane
Rockville, Maryland 20857

C If the applicant wishes to use express mail or courier service, the zip code should be changed to 20852.

APPLICATION RECEIPT AND REVIEW SCHEDULE

The schedule for receipt and review of applications under this GFA is as follows:

| <u>Receipt Date</u> | <u>IRG Review</u> | <u>Council Review</u> | <u>Earliest Start Date</u> |
|---------------------|-------------------|-----------------------|--------------------------------|
| April 17, 2000 | April 2000 | May 2000 | May 2000 |

Applications must be received by the above receipt date(s) to be accepted for review. An application received after the deadline may be acceptable if it carries a legible proof-of-mailing date assigned by the carrier and the proof-of-mailing date is not later than 1 week prior to the deadline date. Private metered postmarks are not acceptable as proof of timely mailing. (NOTE: These instructions replace the "Late Applications" instructions found in the PHS 5161-1.)

CONSEQUENCES OF LATE SUBMISSION

Applications received after the above receipt date will not be accepted and will be returned to the applicant without review.

APPLICATION REQUIREMENTS/COMPONENT CHECK LIST

All applicants must use the Public Health Service (PHS) Grant Application form 5161-1 (Rev. 6/99) and follow the requirements and guidelines for developing an application presented in Part I Programmatic Guidance and Part II General Policies and Procedure Applicable to all SAMHSA GFA Documents.

The application should provide a comprehensive framework and description of all aspects of the proposed project. It should be written in a manner that is self-explanatory to reviewers unfamiliar with the prior related activities of the applicant. It should be succinct and well organized, should use section labels that match those provided in the table of contents for the Program Narrative that follows, and must contain all the information necessary for reviewers to understand the proposed project.

To ensure that sufficient information is included for the technical merit review of the application, the Programmatic Narrative section of application must address, but is not limited to, issues raised in the sections of this document entitled:

1. Program Description and Project Requirements
2. Guidelines and Review Criteria for Applicant

Note: It is requested that on a separate sheet of paper the name, title, and organization affiliation of the individual who is primarily responsible for writing the application be provided. Providing this information is voluntary and will in no way be used to influence the acceptance or review of the application. When submitting the information, please insert the completed sheet behind the application face page.

A **COMPLETE** application consists of the following components **IN THE ORDER SPECIFIED BELOW**. A description of each of these components can be found in Part II.

____FACE PAGE FOR THE PHS 5161-1 (Standard Form 424 - See Appendix A in Part II for instructions.)

_____OPTIONAL INFORMATION ON APPLICATION WRITER (SEE NOTE ABOVE)

_____ABSTRACT (not to exceed 30 lines)

_____TABLE OF CONTENTS (include page numbers for each of the major sections of the Program Narrative, as well as for each appendix)

_____BUDGET FORM (Standard Form 424A - See Appendix B in Part II for instructions.)

_____PROGRAM NARRATIVE (The information requested for sections A-C of the Program Narrative is discussed in the subsections with the same titles in Section II - Program Description and Project Requirements, and Section III - Guidelines and Review Criteria for Applicant. **Sections A-C may not exceed 25 single-spaced pages. Applications exceeding these page limits will not be accepted for review and will be returned to the applicant.**)

- _____A. Project Description and Supporting Documentation
- _____B. Project Plan: Goals, Target Population, Design, Methodology/Evaluation, Data Collection, and Analyses
- _____C. Project Management: Implementation Plan, Organization, Staff, Equipment/Facilities, and Other Support

There are no page limits for the following sections D-G except as noted in H. Biographical Sketches/Job Descriptions. Sections D-G will not be counted toward the 25 page limitation for sections A-C.

- _____D. Literature Citations (This section must contain complete citations, including titles and all authors, for literature cited in the application.)
- _____E. Budget Justification/Existing Resources/Other Support

_____Sections B, C, and E of the Standard Form 424A must be filled out according the instructions in Part II, Appendix B.

_____A line item budget and specific justification in narrative form for the first project year's direct costs AND for each future year must be provided. For contractual costs, provide a similar yearly breakdown and justification for ALL costs (including overhead or indirect costs.

_____All other resources needed to accomplish the project

for the life of the grant (e.g., staff, funds, equipment, office space) and evidence that the project will have access to these, either through the grant or, as appropriate, through other resources, must be specified.

Other Support ("Other Support" refers to all current or pending support related to this application. Applicant organizations are reminded of the necessity to provide full and reliable information regarding "other support," i.e., all Federal and non-Federal active or pending support. Applicants should be cognizant that serious consequences could result if failure to provide complete and accurate information is construed as misleading to the PHS and could, therefore, lead to delay in the processing of the application. In signing the face page of the application, the authorized representative of the applicant organization certifies that the application information is accurate and complete.

For your organization and key organizations that are collaborating with you in this proposed project, list all currently active support and any applications/proposals pending review or funding that relate to the project. If there are none, state "none." For all active and pending support listed, also provide the following information:

1. Source of support (including identifying number and title).
2. Dates of entire project period.
3. Annual direct costs supported/requested.
4. Brief description of the project.
5. Whether project overlaps, duplicates, or is being supplemented by the present application; delineate and justify the nature and extent of any programmatic and/or budgetary overlaps.

F. Biographical Sketches/Job Descriptions

A biographical sketch must be included for the project director and for other key positions. Each of the biographical sketches must not exceed **2 pages** in length. In the event that a biographical sketch is included for an individual not yet hired, a letter of commitment from that person must be included with his/her biographical sketch. Job descriptions for key personnel must not exceed **1 page** in length. The suggested contents for biographical sketches and job descriptions are

listed in Item 6 in the Program Narrative section of the PHS 5161-1.

____ G. Confidentiality/SAMHSA Participant Protection
The information provided in this section will be used to determine whether the level of protection of participants appears adequate or whether further provisions are needed, according to SAMHSA Participant Protection (SPP) standards/standards set forth in Title 45, Part 46, of the Code of Federal Regulations. Adequate protection of participants is an essential part of an application and will be considered in funding decisions.

Projects proposed under this announcement may expose participants to risks in as many ways as projects can differ from each other. Following are some examples, but they do not exhaust the possibilities. Applicants should report in this section any foreseeable risks for project participants, and the procedures developed to protect participants from those risks, as set forth below. Applicants should discuss how each element will be addressed, or why it does not apply to the project.

Note: So that the adequacy of plans to address protection of participants/human subjects, confidentiality, and other ethical concerns can be evaluated, the information requested below, which may appear in other sections of the narrative, should be included in this section of the application as well.

1. Protection from Potential Risks:

- (a) Identify and describe any foreseeable physical, medical, psychological, social, legal, or other risks or adverse effects, besides the confidentiality issues addressed below, which are due either to participation in the project itself, or to the evaluation activities.
- (b) Where appropriate, describe alternative treatments and procedures that might be advantageous to the subjects and the rationale for their nonuse.
- (c) Describe the procedures that will be followed to minimize or protect participants against potential risks, including risks to confidentiality.
- (d) Where appropriate, specify plans to provide needed

professional intervention in the event of adverse effects to participants.

2. Equitable selection of participants:

Target population(s):

Describe the sociodemographic characteristics of the target population(s) for the proposed project, including age, gender, racial/ethnic composition, and other distinguishing characteristics (e.g., homeless youth, foster children, children of substance abusers, pregnant women, institutionalized individuals, or other special population groups).

Recruitment and Selection:

(a) Specify the criteria for inclusion or exclusion of participants and explain the rationale for these criteria.

(b) Explain the rationale for the use of special classes of subjects, such as pregnant women, children, institutionalized mentally disabled, prisoners, or others who are likely to be vulnerable.

(c) Summarize the recruitment and selection procedures, including the circumstances under which participation will be sought and who will seek it.

3. Absence of Coercion:

(a) Explain whether participation in the project is voluntary or mandatory. Identify any potentially coercive elements that may be present (e.g., court orders mandating individuals to participate in a particular intervention or treatment program).

(b) If participants are paid or awarded gifts for involvement, explain the remuneration process.

(c) Clarify how it will be explained to volunteer participants that their involvement in the study is not related to services and the remuneration will be given even if they do not complete the study.

4. Appropriate Data Collection:

(a) Identify from whom data will be collected (e.g., participants themselves, family members, teachers, others) and by what means or sources (e.g., school records, personal interviews, written questionnaires, psychological assessment instruments, observation).

(b) Identify the form of specimens (e.g., urine, blood), records, or data. Indicate whether the material or data will be obtained specifically for evaluative/research purposes or whether use will be made of existing specimens, records, or data. Also, where appropriate, describe the provisions for monitoring the data to ensure the safety of subjects.

(c) Provide, in Appendix No.5, entitled "Data Collection Instruments/Interview Protocols," copies of all available data collection instruments and interview protocols that will be used or proposed to be used in the case of cooperative agreements

5. Privacy and Confidentiality:

Specify the procedures that will be implemented to ensure privacy and confidentiality, including by whom and how data will be collected, procedures for administration of data collection instruments, where data will be stored, who will/will not have access to information, and how the identity of participants will be safeguarded (e.g., through the use of a coding system on data records; limiting access to records; storing identifiers separately from data).

Note: If applicable, grantees must agree to maintain the confidentiality of alcohol and drug abuse client records in accordance with the provisions of Title 42 of the Code of Federal Regulations, Part 2 (42 CFR, Part 2).

6. Adequate Consent Procedures:

(a) Specify what information will be provided to participants regarding the nature and purpose of their participation; the voluntary nature of their participation; their right to withdraw from the project at

any time, without prejudice; anticipated use of data; procedures for maintaining confidentiality of the data; potential risks; and procedures that will be implemented to protect participants against these risks.

(b) Explain how consent will be appropriately secured for youth, elderly, low literacy and/or for those for whom English is not their first language.

Note: If the project poses potential physical, medical, psychological, legal, social, or other risks, awardees may be required to obtain written informed consent.

(c) Indicate whether it is planned to obtain informed consent from participants and/or their parents or legal guardians, and describe the method of documenting consent. For example: Are consent forms read to individuals? Are prospective participants questioned to ensure they understand the forms? Are they given copies of what they sign?

Copies of sample (blank) consent forms should be included in Appendix No.6, entitled "Sample Consent Forms." If appropriate, provide English translations.

Note: In obtaining consent, no wording should be used that implies that the participant waives or appears to waive any legal rights, is not free to terminate involvement with the project, or releases the institution or its agents from liability for negligence.

(d) Indicate whether separate consents will be obtained for different stages or aspects of the project, and whether consent for the collection of evaluative data will be required for participation in the project itself. For example, will separate consent be obtained for the collection of evaluation data in addition to the consent obtained for participation in the intervention, treatment, or services project itself? Will individuals not consenting to the collection of individually identifiable data for evaluative purposes be permitted to participate in the project?

7. Risk/Benefit Discussion:

Discuss why the risks to subjects are reasonable in relation to the anticipated benefits to subjects and in relation to the importance of the knowledge that may reasonably be expected to result.

____APPENDICES (Only the appendices specified below may be included in the application. **These appendices must not be used to extend or replace any of the required sections of the Program Narrative.** The total number of pages in the appendices **CANNOT EXCEED 30 PAGES**, excluding all instruments.)

- ____Appendix 1: Eligibility Certification Documents . .
- ____Appendix 2: Letters of Coordination/Support.
- ____Appendix 3: Copy of Letter(s) to SSA(s)
- ____Appendix 4: Organizational Structure/Timeline/Staffing Patterns. .
- ____Appendix 5: Data Collection Instruments/Interview Protocols.....
- ____Appendix 5: Data Collection Instruments/Interview Protocols.....
- ____Appendix 6: Sample Consent Forms

____ASSURANCES NON-CONSTRUCTION PROGRAMS (STANDARD FORM 424B)

____CERTIFICATIONS

____DISCLOSURE OF LOBBYING ACTIVITIES

____CHECKLIST PAGE (See Appendix C in Part II for instructions)

TERMS AND CONDITIONS OF SUPPORT

For specific guidelines on terms and conditions of support, allowable items of expenditure and alterations and renovations, applicants must refer to the sections in Part II by the same names. In addition, in accepting the award the Grantee agrees to provide SAMHSA with GPRA Client Outcome and Evaluation Data.

Reporting Requirements

For the SAMHSA policy and requirements related to reporting, applicants must refer to the Reporting Requirements section in Part

II.

Lobbying Prohibitions

SAMHSA's policy on lobbying prohibitions is applicable to this program; therefore, applicants must refer to the section in Part II by the same name.

AWARD DECISION CRITERIA

Applications will be considered for funding on the basis of their overall technical merit as determined through the IRG and the Center for Mental Health Services National Advisory Council review process.

Other award criteria will include:

- o Availability of funds.

Other award considerations will include:

- O Evidence of prior success with similar activities

CONTACTS FOR ADDITIONAL INFORMATION

Questions concerning program issues may be directed to:

Mary L. Westcott, Ph.D.
Community Support Programs Branch
Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
Room 11C26
5600 Fishers Lane
Rockville, MD 20857
(301) 443-2826

Questions regarding grants management issues may be directed to:

Steve Hudak
Division of Grants Management, OPS
Substance Abuse and Mental Health Services Administration
13-101
5600 Fishers Lane
Rockville, Maryland 20857
(301) 443-4446